

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordan	nce with Tit	tle 20, 0	Chapter 10, Part 1, MCA	A. School d	istrict official m	ust complete c	ne form for ea	ach bus route that
	nbursement ev	en though		ortees of another legal of	entity may ι	tilize the servi	ces.		Rate Per Mile
	Due Dates All Routes	:			County Sup ober 1		To OPI October 15		\$1.80
County Name				County Number	Distric	Name			Legal Entity Number
Richland				42	Sidne	y Public Sc	hools		0745 0746
Route #		Length of	Route	(miles per day)		f Service	Bus Route Mil Non Bus Milea	•	Rated Capacity
8		93			Bus I	Route Milea		ige	84
Vehicle I.D. #		Lice	nse #		□ Distric	t Owned act - If so, Nam	_	istrict Own	ed
8336		229)			acted rate per i			
Reimbursement Distribution- Enter the legal e					e of state/c		ement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Leg	al Entity	у	Legal I			Legal Entit	у
0745			0	746					
% 70.00		g	% 30	.00	%			%	
PASSENGER INFORMATION				ELEMENTA DV DID		1 11101	10011001 01	2500	TOTAL
Number of Prescheriding this route	ool/Kindergarte	en pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NI IMPED		b NUMBER			C C
Regular (include eligible Preschool/Kindergarten				NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)								
Additional Wheelchai	irs (WC)								
Non-WC IEP Lists Tr	ans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresiden									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
Signature Origin, DO	3 51 11031063							24.0	
This Application fo area assigned to it	r Registration	of School	Bus and						within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							te one form for e	ach bus route that
Due Date All Routes				Coun tober	ity Supt	To OPI October 15		\$1.80
County Name			County Number		District N	Name		Legal Entity Number
Richland			42			Public Schools		0745 0746
Route #	Length	h of Route	(miles per day)		Type of	Service □ Bus Route □ Non Bus M	•	Rated Capacity
6	86				Bus Ro	oute Mileage	_	84
Vehicle I.D. # License # 4014 230						Owned ct - If so, Name of Owner cted rate per mile	District Owr	ned
Reimbursement Distribution- Enter the legal entity number				ge of s	state/cou	inty reimbursement to be	e paid to each dis	strict. Note: Percentages
Legal Entity	L	Legal Entit			budget! Legal En		Legal Enti	ty
0745			746		J	•	ŭ	
% 70.00 % 30.00			100		%		%	
PASSENGER INFORMATION	_	/6 30			/0		/0	
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RID (Grades PK-8)			HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBE	D	c a + b
Regular (include eligible Preschool/Kindergarten			NOWBER			NOMBL	N.	a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		,				g is symme downy to	Date	
County This Application for Registration area assigned to it by the County	of Scho	ool Bus an	d State Reimbursemen			accordance with Section viewed and I certify that		
Signature - Chair, County Transport	•						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven mou	ugn transpo	ortees of another legal e	mility may u	ulize the servi	ices.		Rate Per Mile
Due Date			To C	ounty Sup		To OPI		•••
All Routes	3		Octo	ber 1		October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Richland			42	Sidne	y Public So	chools		0745 0746
Route #	Length	of Route	(miles per day)	Type of Service ☐ Bus Route			•	Rated Capacity
10	106			Bus F	Coute Milea	Non Bus Milea	ge	22
Vehicle I.D. #	Li	icense #		□ Distric	t Owned	D	istrict Own	ed
2129 7221					act - If so, Nar acted rate per			
Reimbursement Distribution- Er	nter the le	egal entity				sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		_egal Entity		atch budge Legal E			Legal Entit	V
0745			746	Legai	inity		Legai Litti	y
% 70.00		% 30.	.00	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	.DC	LIIC	H SCHOOL RIE	VEDC.	TOTAL
Number of Preschool/Kindergar	rten pupil	ils	(Grades PK-8)	:KS	HIG	(Grades 9-12)		ELIGIBLE RIDERS
riding this route			, ,			,		
			а			b		С
Regular (include eligible Preschool/l	Kindergart	ten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
, ,								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg		ere)						
Nonpublic School Riders (ineligible)		C13)						
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee.	We furthe	er certify that	t this bus transports pupils e	eligible for sc	hool transportat	ion as defined by	20-10-101, MC	Α.
We agree to supervision of this be required; to provide a vehicle which	meets the	e minimum s	standards as established by	the Board of	Public Educati	on, the Montana H	,	•
Superintendent; and to provide a lice We also agree to refrain from sol	liciting or c	causing othe	ers to solicit students from o	ther transpo	tation areas.			
We understand that violations of this bus route.	the laws,	rules or reg	ulations governing school tr	ansportation	will be sufficien	it cause for withho	lding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sl						agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes or						d approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		by and with	nin the transportation se	rvice area	assigned by th	ne County Trans	portation Cor Date	nmittee.
Signature - Shall, Board of Trustees								
			ommittee Approval as i					
This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus and	d State Reimbursement					
Signature - Chair, County Transport			John Million.				Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Richland Sidney Public Schools 0745 0746 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 26 11 64 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8805 446 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0745 0746 % % % 70.00 % 30.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for e	ach bus route that
Due Date All Routes				To Co Octob	unty Sup er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	r	District	Name		Legal Entity Number
Richland			42			y Public Schools		0745 0746
Route #	Leng	th of Ro	ute (miles per day)		Type of	f Service □ Bus Route □ Non Bus M		Rated Capacity
3	77				Bus R	toute Mileage		78
Vehicle I.D. #		License	#		□ District□ Contra	: Owned ct - If so, Name of Owner	District Owr	ned
3167 7307						cted rate per mile		
Reimbursement Distribution- En	e legal er			of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity 0745		Legal E			Legal E		Legal Enti	ty
0743			0740					
% 70.00		%	30.00		%		%	
PASSENGER INFORMATION	ELEMENTAR'	Y RIDER	25	HIGH SCHOOL	RIDERS	TOTAL		
Number of Preschool/Kindergal riding this route	rten pu	pils	(Grades		·O	(Grades 9-		ELIGIBLE RIDERS
					b NUMBER		₹	c a+b
Regular (include eligible Preschool/ riders)	Kinderg	arten	NUMB	<u></u>		TVOIVIBLE		u + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten ri							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees							Date	
County This Application for Registration area assigned to it by the County	n of Scl	hool Bus	and State Reimburs			accordance with Section eviewed and I certify that the section is a section of the section of th		
Signature - Chair, County Transport	tation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accoreceives state reimburseme					istrict official must complete of tilize the services.			
Due D All Ro				County Sup tober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Richland			42		y Public Schools		0745 0746	
Route #	Len	gth of Rout	e (miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	•	Rated Capacity	
2	50	1: "		- I '-	Route Mileage	o .	78	
Vehicle I.D. # 3516		License # 232			t Owned E act - If so, Name of Owner acted rate per mile	District Own	ed	
Reimbursement Distribution	- Enter th	e legal enti		ge of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0745		Legal Ent		match budge Legal E		Legal Entity	у	
% 70.00		% 3	80.00	%		%		
PASSENGER INFORMATION	ON	,,						
Number of Preschool/Kinde riding this route	rgarten pu	upils	ELEMENTARY RIC (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Presch riders)	ool/Kinderg	garten					u 2	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Rel	ated Servic	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (miles OR nonresident and no at agreement)	tendance							
(Include ineligible Preschool/Kin Nonpublic School Riders (ineligi		nders)						
TOTAL RIDERS								
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Signature - Chair, Board of Trus		y and W				Date		
This Application for Registra	ation of Sc	chool Bus a	nd State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Co Signature - Chair, County Trans			Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				_				
This form is required in accord receives state reimbursement Due Dat All Route	even thootes:		ortees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Richland			42	Sidne	y Public Schools		0745 0746	
Route #	Lengtl	h of Route	(miles per day)		Service Bus Route M		Rated Capacity	
1	52			Bus R	□ Non Bus Mile coute Mileage	eage	78	
Vehicle I.D. #	icense #		□ District	Owned	District Own	ed		
3515 248					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- I	legal entity				oaid to each dis	trict. Note: Percentages		
Legal Entity 0745	1	Legal Entit		atch budget Legal E		Legal Entity	У	
% 70.00	% 30	0.00	%		%			
PASSENGER INFORMATION								
Number of Preschool/Kinderg riding this route	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a		b		С	
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
, ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atte								
agreement) (Include ineligible Preschool/Kinde		ers)						
Nonpublic School Riders (ineligible								
TOTAL RIDERS								
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0	, Tue	utatia O	ammitta a Ammanual	e annine el le	aaaaudamaa siittib Oo atta ir	20 40 422 112	· A	
This Application for Registration area assigned to it by the Cou	on of Scho	ool Bus an	d State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transpo	ortation Cor	mmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	ce with Title	e 20, C	Chapter 10, Part 1, MCA	A. School d	istrict official	must complete of	one form for e	ach bus route that
receives state rein		•	transpo	ortees of another legal e					Rate Per Mile
	Due Dates: All Routes				ounty Sup ober 1	t	To OPI October 15		\$1.80
County Name				County Number	Distric	Name			Legal Entity Number
Richland				42	Sidne	ey Public S	Schools		0745 0746
Route #		Length of I	Route	(miles per day)	Type of Service			•	Rated Capacity
5		26			Bus I	Route Mile	age	-	84
Vehicle I.D. #		Licen	ise#		□ Distric		Ime of Owner	District Own	ed
5271 220						acted rate pe			
Reimbursement Distribution- Enter the legal of					e of state/c atch budge		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0745		Lega	I Entity		Legal I			Legal Entit	ty
0743			01	740				_	
% 70.00 % 3				.00	%			%	
PASSENGER INFORMATION				ELEMENTARY RIDE	-DC	111/	GH SCHOOL RII	DEDC	TOTAL
Number of Preschool/Kindergarten pupils riding this route				(Grades PK-8)	:K3	HIC	(Grades 9-12		ELIGIBLE RIDERS
				a NUMBED		b NUMBER			c a + b
Regular (include eligi	Regular (include eligible Preschool/Kindergarten			NUMBER			NOWIDER		a + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)								
Additional Wheelchai	irs (WC)								
Non-WC IEP Lists Tr	ans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees Date									
This Application fo area assigned to it	r Registration of	of School B	Bus and						CA. swithin the transportation
Signature - Chair, Co	<u> </u>							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				4 1101					
This form is required receives state reimb								ne form for ea	ach bus route that
receives state reims	arsement even t	lough tru		legal cil	inty may at	mze trie dei vide			Rate Per Mile
	Due Dates: All Routes			To Co	ounty Supt		o OPI ctober 15		\$1.80
	All Noules			OCIOL	JEI I	O	Clobel 15		φ1.00
County Name			County Number	er	District	Name			Legal Entity Number
Richland			42		Sidne	y Public Sch	noole		0745 0746
Route #	Len	gth of Ro	ute (miles per day)			Service E		eage	Rated Capacity
_		•	` ,		□ Non Bus Mileage				
4	36		,,			oute Mileag			84
Vehicle I.D. #		License	: #		□ District□ Contra	Owned ct - If so, Name		istrict Own	ed
8471		226				cted rate per m			
Reimbursement Dis	tribution- Enter th	e legal ei	ntity number and per	centage	of state/co	unty reimburse	ment to be pa	id to each dis	trict. Note: Percentages
Logal Entity		Logal		must ma	tch budget			Logal Entit	· ·
Legal Entity 0745		Legal E	0746		Legal E	nuty		Legal Entit	у
% 70.00	30.00		%			%			
PASSENGER INFO	RMATION								
Niveshau of Ducasha	ELEMENTAR		RS		SCHOOL RII		TOTAL		
Number of Preschool riding this route	oi/Kindergarten pi	upiis	(Grades	PK-8)		((Grades 9-12)		ELIGIBLE RIDERS
L			a NUME	BFR			b NUMBER		c a + b
Regular (include eligibl	e Preschool/Kinder	garten	NOWBER						
riders) 1st Wheelchair (WC)		+							
2nd Wheelchair (WC)									
, ,									
Additional Wheelchairs	(WC)								
Non-WC IEP Lists Tran	ns as Related Servi	ce							
TOTAL ELIGIBLE F	RIDERS								
Ineligible Public Schoo	I Riders (i.e., under	3							
miles OR nonresident a agreement)	and no attendance								
(Include ineligible Pres		riders)							
Nonpublic School Ride	rs (ineligible)								
TOTAL RIDERS									
We hereby certify th	nat this bus will oper	ate entirel	v on the route establish	ad by the	Poard of Tru	stops and within	the transportati	on area accion	ed and approved by the
County Transportation	Committee. We fur	ther certify	that this bus transports	s pupils eli	igible for sch	ool transportation	n as defined by	20-10-101, MC	A.
We agree to superv required; to provide a v			by the State Superinte um standards as establ						
Superintendent; and to	provide a licensed,	qualified a	and approved driver to	operate su	ich vehicle a	s required by 20-		3 1, 111	
			others to solicit studen regulations governing				cause for withho	olding of state a	nd county reimbursement for
this bus route. We agree that if this	s route crosses distr	ict lines an	nd transports students fr	rom outsid	le the district	a copy of the ac	areement betwe	en Boards 20-	10-126(2) MCA_signed by
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.									
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
									edge and belief, and the
bus operates on the Signature - Chair, Boar		ed by and	within the transporta	ation ser	vice area a	ssigned by the	County Trans	sportation Cor Date	nmittee.
5									
			n Committee Appro						
This Application for area assigned to it be				sement h	as been re	viewed and I c	ertify that this	bus operates	within the transportation
Signature - Chair, Cour			on committee.					Date	
•									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					one form for ea	ach bus route that		
Due Dates All Routes	:		County Supretober 1	To OPI October 15		Rate Per Mile \$1.15		
County Name		County Number	District	Name		Legal Entity Number		
Richland		42		ge Public Schools		0747 0748		
Route #	Length of Rou	ite (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
1	100 License		1 .	oute Mileage	-	53		
Vehicle I.D. # 9690	#		Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C Phillip Meck				
Reimbursement Distribution- Ent		ge of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages			
Legal Entity 0747	Legal Er		match budget Legal E		Legal Entity	у		
% 60.00	%	40.00	%		%			
PASSENGER INFORMATION			_					
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RIC (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	NOMBER		NOMBER		a · b			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIBERO								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemer		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex								one form for e	ach bus route that
Due Dates All Routes	s :			Cou i tober	nty Supt	t	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Richland			42			ge Public S			0747 0748
Route #	Length o	f Route ((miles per day)	Type of Service ☐ Bus Route Milea ☐ Non Bus Mileage					Rated Capacity
2	126					oute Milea	age		47
Vehicle I.D. # License # 9622 G869							me of Owner	Contractor (Phillip Mecl	
Reimbursement Distribution- Enter the legal entity r				ge of	state/co	unty reimbur		aid to each di	strict. Note: Percentages
Legal Entity	1	natch	h budget Legal E			Legal Enti	ty		
0747	748								
% 50.00	00		%			%			
PASSENGER INFORMATION									
Number of Preschool/Kindergart riding this route		ELEMENTARY RID (Grades PK-8)		5	HIG	H SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a				р		C
Regular (include eligible Preschool/Kindergarten			NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	.)							
Nonpublic School Riders (ineligible)	arton nacro	,							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								CA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belie bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees								Date	
County T This Application for Registration area assigned to it by the Count	of School	Bus and							
Signature - Chair, County Transporta	ation Comm	ittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve						one form for e	ach bus route that
Due Dates: All Routes	J	•	•	inty Sup			Rate Per Mile \$1.15
County Name		County Number	•	District	Name		Legal Entity Number
Richland		42			ge Public Schools		0747 0748
Route #	Length of R	oute (miles per day)		Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
•	98			Bus R	toute Mileage	ŭ	53
Vehicle I.D. # 9677	Licens G668				Owned C ct - If so, Name of Owner F cted rate per mile	Contractor (Phillip Meck	
Reimbursement Distribution- Ente	r the legal e		entage o	f state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0748	Legal		nust mato	ch budget Legal E		Legal Entit	ty
% 50.00	50.00		%		%		
PASSENGER INFORMATION	%						_
Number of Preschool/Kindergarter riding this route	ELEMENTAR) (Grades F		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	-	a NI IMPI	ED	b NUMBER			c a+b
Regular (include eligible Preschool/Kin	dergarten	NUMBER			NOMBER		аты
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan agreement) (Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)	ice						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as ar required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimburset this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, sign the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, are bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	f School Bu	s and State Reimburse			accordance with Section 2 eviewed and I certify that this		
area assigned to it by the County Signature - Chair, County Transportation						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.								
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Richland		42		on Elementary		0749		
Route #	Length of Rou	ite (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
1	88	"	1 .	toute Mileage		66		
Vehicle I.D. # 1311	License :	#		: Owned Ct - If so, Name of Owner Ct cted rate per mile	Contractor C Daryl Norga			
Reimbursement Distribution- En	ter the legal en		je of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0749	Legal Er		natch budget Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)				NOWBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
This Application for Registration area assigned to it by the Count	of School Bus y Transportation	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement er								
Due Dates All Routes			County Supt	To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Richland		42		on Elementary		0749		
Route #	Length of Ro	ute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
1 A	88	"	- ·	oute Mileage		48		
Vehicle I.D. # 5788	License D473	TH THE STATE OF TH		Owned (ct - If so, Name of Owner (cted rate per mile	Contractor C Daryl Norga			
Reimbursement Distribution- En	iter the legal e		age of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0749	Legal E		match budget Legal E		Legal Entity	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten				NOWBER		атр		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIBERO								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		·		<u> </u>	Date			
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburseme		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even						one form for ea	ach bus route that	
Due Dates: All Routes			To Cou	unty Supt er 1	To OPI October 15		Rate Per Mile \$0.95	
County Name		County Numbe	er	District	Name		Legal Entity Number	
Richland		42			ew Public Schools		0750 0751	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route Mi Non Bus Mile	5 -	Rated Capacity	
	90	- 4			oute Mileage		19	
Vehicle I.D. # 8718	Licens D827				Owned Ct - If so, Name of Owner Ct cted rate per mile	Contractor C Mike & Melc		
Reimbursement Distribution- Ente	er the legal e					aid to each dis	trict. Note: Percentages	
Legal Entity 0750	Legal		must mat	Legal E		Legal Entity	У	
% 60.00	%	40.00		%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTAR (Grades		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	-	a NUMB	RED		b NUMBER		c a+b	
Regular (include eligible Preschool/Kir riders)	ndergarten	NOWL	<u>JLIX</u>		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergal	nce							
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as applications Signature - Chair, Board of Trustees								
Signature Onuit, Doubt of Trustees								
This Application for Registration of area assigned to it by the County	of School Bu Transportat	s and State Reimburs ion Committee.			accordance with Section 2 viewed and I certify that this			
Signature - Chair, County Transportati	on Committee	<u> </u>				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that	
receives state reimbursement e	even thou	ugn transpo	ortees of another legal e	ntity may u	ilize the servi	ces.		Rate Per Mile	
Due Dates				ounty Sup		То ОРІ			
All Routes	3		Octo	ber 1		October 15		\$0.95	
County Name			County Number	District	Name			Legal Entity Number	
Richland			42	Fairvi	ew Public S	Schools		0750 0751	
Route #	Length	n of Route	(miles per day)	Type o		Bus Route Mile		Rated Capacity	
8	19.6			Bus F	□ Route Milea	Non Bus Milea	ge	42	
Vehicle I.D. #	L	icense #		□ Distric			istrict Own	ed	
3313	5	521			ict - If so, Nan icted rate per				
Reimbursement Distribution- Er	nter the I	legal entity				sement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity		Legal Entity		atch budge Legal E			Legal Entit		
0750			y 751	Legai L	inity		Legal Little	У	
% 60.00		% 40	.00	%			%		
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	ППС	H SCHOOL RIE	EDC	TOTAL	
Number of Preschool/Kindergar	rten pupi	ils	(Grades PK-8)	.KS	піс	(Grades 9-12)		ELIGIBLE RIDERS	
riding this route									
			а			b		С	
Regular (include eligible Preschool/l	——— Kindergar	rten	NUMBER		NUMBER			a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
, ,									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement)		>							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		eis)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this b	ous and bu	us route by t	the State Superintendent; to	make such i	eports to the St	tate Superintende	nt and County S	Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice							lignway Patrol a	and the State	
We also agree to refrain from sol We understand that violations of						t cause for withho	lding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosse									
the school boards of both districts sh	hall be att	tached to the	e county superintendent's co	py of this do	cument.	•		, , , , ,	
We understand route changes or accordance with 20-10-132, MCA.	ccurring d	iuring the sc	nooi year require the filing o	ī an amende	a ik-1 form an	a approval of the (Jounty Transpo	ortation Committee in	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees		. , ******					Date		
County This Application for Registration			ommittee Approval as r						
area assigned to it by the Count	ty Transı	portation C		nas peen l	vieweu aliu l	ociuiy uidt tillS	ous operates	within the transportation	
Signature - Chair, County Transport	ation Con	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					e one form for e	ach bus route that		
						Rate Per Mile		
Due Dates All Routes		To C Octo	ounty Supt ber 1	t To OPI October 15		\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Richland		42	Fairvie	ew Public Schools		0750 0751		
Route #	Length of Route (miles per day)			f Service Bus Route N		Rated Capacity		
3	122.8	□ Non Bus Bus Route Mileage			leage	21		
Vehicle I.D. #	License #	□ District Owned			Contractor	Owned		
0720	G608			ct - If so, Name of Owner cted rate per mile	Eldon & Ta	mi Christmann ——		
Reimbursement Distribution- Er	nter the legal ent		of state/co		paid to each di	strict. Note: Percentages		
Legal Entity	Legal En	tity	Legal E		Legal Enti	ty		
0750		0751						
% 60.00	%	40.00	%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
riding this route		,		,	,			
		а		b		С		
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER	<u> </u>	a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify to us and bus route to meets the minimule.	hat this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation as defined becomes to the State Superinten Public Education, the Montan	by 20-10-101, MC dent and County a Highway Patrol	A. Superintendent as are		
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causing o	thers to solicit students from o	ther transport	tation areas.		and county reimbursement for		
this bus route. We agree that if this route crosse					ween Boards, 20-	-10-126(2) MCA, signed by		
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rule bus operates on the route as ap								
Signature - Chair, Board of Trustees		are a anoportation set		accigned by the county fre	Date			
This Application for Registration area assigned to it by the Count	of School Bus							
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for ea	ach bus route that
Due Dates All Routes				County Su ober 1	•	OPI tober 15		Rate Per Mile \$0.95
County Name			County Number	Distri	ct Name			Legal Entity Number
Richland			42	Fair	view Public Scl	hools		0750 0751
Route #	Route # Length of Route (miles per day)		(miles per day)	Туре	of Service □ Bu		- 5 -	Rated Capacity
6	151			Bus	□ Non Bus Mileage Bus Route Mileage			42
Vehicle I.D. #	Lic	cense #			rict Owned tract - If so, Name	_	ontractor C	
9628		555		□ Cont	tracted rate per mil	e		
Reimbursement Distribution- En	nter the le	gal entity		je of state/ natch budg		nent to be pai	d to each dis	trict. Note: Percentages
Legal Entity 0750	Le	egal Entity 07			Entity		Legal Entity	У
% 60.00		% 40.	00	%			%	
PASSENGER INFORMATION	_				1 111011		ED.0	T07.1
Number of Preschool/Kindergar riding this route	ten pupils	6	ELEMENTARY RID (Grades PK-8)			SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
			a			b		C
Regular (include eligible Preschool/h	Kindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		•	·				Date	
County 1 This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ex							olete one form for	each bus route that
Due Dates	s:	g		To Cou	unty Sup	t To OPI		Rate Per Mile
All Routes				Octobe	er 1	October 1	15	\$0.95
County Name			County Number		District	Name		Legal Entity Number
Richland			42			ew Public Schools		0750 0751
Route #	Lengt	th of Ro	ute (miles per day)		Type of	f Service □ Bus Rou □ Non Bus		Rated Capacity
1	65.4				Bus R	toute Mileage		36
Vehicle I.D. #	L	License	#		District		Contractor	Owned
4619	(G457				ct - If so, Name of Owr cted rate per mile	ner Paul Boly	
Reimbursement Distribution- En	iter the	legal er			of state/co		be paid to each d	istrict. Note: Percentages
Legal Entity 0750		Legal E			Legal E		Legal En	tity
0730			0731					
% 60.00		%	40.00		%		%	
PASSENGER INFORMATION			ELEMENTARY	/ DIDED	c	HIGH SCHOO	OL BIDEBS	TOTAL
Number of Preschool/Kindergard riding this route	ten pup	oils	(Grades P		3	(Grades		ELIGIBLE RIDERS
			a	-D		b)ED	C
Regular (include eligible Preschool/K	Kinderga	ırten	NUMBE	:K	NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., with miles OR nonresident and no attendary)								
agreement) (Include ineligible Preschool/Kinderg		doro)						
Nonpublic School Riders (ineligible)	janten nu	ueis)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the Count	of Sch	ool Bus	and State Reimburse			accordance with Sec eviewed and I certify the		
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile Due Dates: To County Supt To OPI	•							
Due Dates: To County Supt To OPI								
All Routes October 1 October 15 \$0.95								
County Name County Number District Name Legal Entity Number	nber							
Richland 42 Fairview Public Schools 0750 0751								
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage								
2 Bus Route Mileage 19								
Vehicle I.D. # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Mike & Melodee Kjos								
G413 G413 G413 Contracted rate per mile								
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.	entages							
Legal Entity Legal Entity Legal Entity Legal Entity United States 1								
% 60.00 % 40.00 % %								
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route Continue	l I							
a b c NUMBER NUMBER a+b								
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)								
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We harshy codifict that this has will appropriately as the state of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the Decad of Trustees and 1912 the trust of the last the Decad of Trustees and 1912 the trust of the Decad of Trustees and 1912 the trust of the Decad of Trust of	the							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for								
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation.	ortation							
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
		•				Rate Per Mile			
Due Date All Routes		To Co Octo	ounty Supt ber 1		PI ber 15	\$0.95			
County Name		County Number	District	Name		Legal Entity Number			
Richland		42	Rau E	Elementary		0754			
Route #	Length of Route	(miles per day)		Service Bus	Route Mileage	Rated Capacity			
3	47.6	□ Non Bus M Bus Route Mileage			Bus Mileage	35			
Vehicle I.D. #	License #					or Owned			
1210	C953			ct - If so, Name of cted rate per mile	Owner Karen Tr	ransportation			
Reimbursement Distribution- En	nter the legal entit				nt to be paid to eac	h district. Note: Percentages			
Legal Entity	Legal Enti		atch budget Legal E		Legal	Entity			
0754									
% 100.00	%		%		%				
PASSENGER INFORMATION	70				70				
Number of Preschool/Kinderga	rten nunils	ELEMENTARY RIDE (Grades PK-8)	RS		HOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS			
riding this route		(0.0000 0)		(0	,				
		а			b	С			
Regular (include eligible Preschool/	Kindergarten	NUMBER		N	UMBER	a + b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinden									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
M/a haraba andifuthat this hara	:II	- 4b 4b 4b 4b 4b	Daniel of To		to a contact of the c	signal and some all by the			
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b	We further certify the	at this bus transports pupils e	ligible for sch	ool transportation as	defined by 20-10-101	, MCA.			
required; to provide a vehicle which Superintendent; and to provide a lic	ensed, qualified and	approved driver to operate s	uch vehicle a	s required by 20-10-		atrol and the State			
We also agree to refrain from so We understand that violations of					se for withholding of sta	ate and county reimbursement for			
this bus route. We agree that if this route crosse									
the school boards of both districts s We understand route changes of	hall be attached to the	ne county superintendent's co	py of this do	cument.					
accordance with 20-10-132, MCA. I certify that this application for						•			
bus operates on the route as a	oproved by and wi				unty Transportation				
Signature - Chair, Board of Trustees	S				Date				
County	Transportation C	ommittee Approval as r	equired in	accordance with	Section 20-10-132	, MCA.			
This Application for Registration area assigned to it by the Coun	n of School Bus ar	nd State Reimbursement I							
Signature - Chair, County Transport	•				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			Ŭ					
This form is required in accordate receives state reimbursement e						ne form for e		
Due Date	s:	To 0	County Sup	t ·	To OPI		Rate Per Mile	
All Routes	3		ober 1		October 15		\$0.95	
County Name	County Name		District	Name		Legal Entity Number		
Richland		42	Rau E	lementary			0754	
Route #	Length of Route	e (miles per day)		Service	Bus Route Mile		Rated Capacity	
1	28		Bus R	loute Milea	Non Bus Milea ge	ge	47	
Vehicle I.D. #	License #		□ District			ontractor (
0351	C951			ct - If so, Nar cted rate per	ne of Owner K	aren 1ran	sportation ——	
Reimbursement Distribution- En	nter the legal entit		e of state/co		sement to be pa	id to each di	strict. Note: Percentages	
Legal Entity	Legal Enti		Legal E			Legal Enti	ty	
0754								
% 100.00	%		%			%		
PASSENGER INFORMATION		ELEMENTARY RIDI	ERS	HIG	H SCHOOL RID	ERS	TOTAL	
Number of Preschool/Kindergar	rten pupils	(Grades PK-8)	LINO	1110	(Grades 9-12)	LINO	ELIGIBLE RIDERS	
riding this route								
		a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/ riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w								
County Transportation Committee. We agree to supervision of this b	ous and bus route by	the State Superintendent; to	o make such r	eports to the S	tate Superintender	nt and County	Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lic	ensed, qualified and	approved driver to operate	such vehicle a	s required by 2		ighway Patrol	and the State	
We also agree to refrain from sol We understand that violations of					t cause for withhol	lding of state a	and county reimbursement for	
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by								
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees	ervice area a	issigned by th	ne County Trans	portation Co Date	mmittee.			
County This Application for Registration		committee Approval as and State Reimbursement						
area assigned to it by the Coun Signature - Chair, County Transport	ty Transportation				<u> </u>	Date	<u> </u>	
organication origin, country transport	Guon Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar	nce with Title 20). Chapter 10. Part 1. MCA	. School dis	strict official must complete	one form for ea	ch bus route that
receives state reimbursement ev						
Due Dates	:	То С	ounty Supt	To OPI	ı	Rate Per Mile
All Routes		Octo	ber 1	October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Richland		42	Rau E	Elementary		0754
Route #	Length of Rout	te (miles per day)	Type of	Service Bus Route Mi	•	Rated Capacity
2	108		Bus R	□ Non Bus Milea Coute Mileage		47
Vehicle I.D. #	License #	‡	□ District	Owned (Contractor C	
0415	C952			ct - If so, Name of Owner ト cted rate per mile	Karen Trans	portation —
Reimbursement Distribution- Ent	ter the legal ent		e of state/co atch budget		aid to each dist	trict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Entity	/
0754						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergart	on nunile	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	en pupils	(Glades FK-0)		(Grades 9-12)	LLIGIBLE RIDERS
		a		b		С
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBER		a + b
riders)	inderganten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu	Ve further certify the	hat this bus transports pupils e	eligible for sch	ool transportation as defined by	20-10-101, MCA	۸.
required; to provide a vehicle which n Superintendent; and to provide a lice	neets the minimur	m standards as established by	the Board of	Public Education, the Montana		
We also agree to refrain from solid	citing or causing o	others to solicit students from c	ther transport	tation areas.	alding of state on	d accepts raimburgament for
We understand that violations of the this bus route.			·		· ·	•
We agree that if this route crosses the school boards of both districts sha	all be attached to	the county superintendent's co	ppy of this do	cument.		
We understand route changes occaccordance with 20-10-132, MCA.	curring during the	school year require the filing of	of an amende	d TR-1 form and approval of the	County Transpo	rtation Committee in
I certify that this application for rebus operates on the route as app						
Signature - Chair, Board of Trustees			Date			
County T	rananantation	Committee Annuard co	יסמווויסק ויי	accordance with Section (00 40 422 840	Λ
This Application for Registration area assigned to it by the County	of School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan	nce with Title 20,	Chapter 10, Part 1, MCA	. School dis	strict official must comple	ete one form for ea	ach bus route that		
receives state reimbursement ev		ŭ	, ,			Rate Per Mile		
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Richland		42	Rau F	lementary		0754		
Route #	Length of Route	Route (miles per day)		Service Bus Route		Rated Capacity		
2a	7.8		Bus R	□ Non Bus Noute Mileage	lileage	47		
Vehicle I.D. #	License #		□ District		Contractor C	Dwned		
0415	C952			ct - If so, Name of Owne cted rate per mile	r Karen Trans	sportation —		
Reimbursement Distribution- En	ter the legal entity				e paid to each dis	strict. Note: Percentages		
Legal Entity	Legal Entit		atch budget Legal E		Legal Entit	ry .		
0754								
% 100.00	%		%		%			
PASSENGER INFORMATION	70		70		70			
Number of Preschool/Kindergard	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS		
Tiding this route								
		a NUMBER		b NUMBE	:R	c a + b		
Regular (include eligible Preschool/K riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for								
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees	, ,			<u> </u>	Date			
County T This Application for Registration area assigned to it by the Count	of School Bus an	d State Reimbursement		accordance with Section with Section and I certify that				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev					e one form for e	ach bus route that	
						Rate Per Mile	
Due Dates All Routes	Octo	ounty Supt ber 1	t To OPI October 15		\$0.95		
County Name		County Number	District	Name		Legal Entity Number	
Richland		42	Rau E	Elementary		0754	
Route #	Length of Rout	te (miles per day)		f Service Bus Route N		Rated Capacity	
3a	8.6		Bus R	□ Non Bus Mil Route Mileage	leage	35	
Vehicle I.D. #	License #	ŧ	□ District	t Owned	Contractor (
1210	C953			ct - If so, Name of Owner cted rate per mile	Karen Tran	sportation —	
Reimbursement Distribution- Ent	er the legal ent		of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity	Legal En		Legal E		Legal Enti	ty	
0754							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarto	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
riding this route	<u> </u>	,		,	,		
		a		b		C	
Regular (include eligible Preschool/K	ndergarten	NUMBER		NUMBER	<u> </u>	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga							
Nonpublic School Riders (ineligible)	arteri riders)						
TOTAL RIDERS							
We hereby certify that this bus will	operate entirely	on the route established by the	Board of Tru	ustons and within the transport	tation area assign	ed and approved by the	
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We also agree to refrain from solic We understand that violations of the this bus route.					nholding of state a	nd county reimbursement for	
We agree that if this route crosses the school boards of both districts sha					ween Boards, 20-	10-126(2) MCA, signed by	
We understand route changes occaccordance with 20-10-132, MCA.					ne County Transp	ortation Committee in	
I certify that this application for re							
bus operates on the route as app Signature - Chair, Board of Trustees	noved by and v	viumi uie uansportation sei	गांट वास्त व	issigned by the County 118	Date Date	mmillee.	
County To This Application for Registration area assigned to it by the County	of School Bus a						
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								ne form for e	ach bus route that
Due Date	s:	Ü	•	To Co	ounty Sup	t To	о ОРІ		Rate Per Mile
All Routes	1			Octob	per 1	C	October 15		\$0.95
County Name			County	Number	District	Name			Legal Entity Number
Richland	Richland			2 Lambert Public Schools				0768 0769	
Route #	Leng	gth of Ro	ute (miles pe	er day)	Type of		Bus Route Mil Non Bus Milea	-	Rated Capacity
5	97				Bus R	toute Mileag	je		36
Vehicle I.D. #		License	#		□ District	: Owned ct - If so, Name		Contractor (
1353		D566			□ Contra	cted rate per n	nile		
Reimbursement Distribution- Er	nter the	e legal er	ntity number		of state/co		ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0768		Legal E	ntity 0769		Legal E			Legal Enti	ty
% 70.00		%	30.00		%			%	
PASSENGER INFORMATION			FLEM	IENTARY RIDE	RS	HIGH	SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ıpils		Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
				a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderg	arten		NOMBER					
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service		е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		riders)							
TOTAL RIDERS									
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I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees		•		·		-		Date	
County This Application for Registration area assigned to it by the County	of Sc	hool Bus	and State R						
Signature - Chair, County Transport	ation C	ommittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							te one form for	each bus route that
Due Dates All Routes	s:	3	To		inty Sup			Rate Per Mile \$0.95
County Name			County Number		District	Name		Legal Entity Number
Richland			42		Lambert Public Schools			0768 0769
Route #	Lengt	h of Rou	ite (miles per day)			Service Bus Route		Rated Capacity
3	116.4	4			Bus R	□ Non Bus N Route Mileage	illeage	36
Vehicle I.D. #	L	License	#		District		Contractor	
4433	[D570				ct - If so, Name of Owne cted rate per mile	r Ligon-Inie	ssen inc
Reimbursement Distribution- En	nter the	legal en			f state/co		e paid to each d	istrict. Note: Percentages
Legal Entity 0768		Legal Eı			Legal E		Legal Ent	iity
% 70.00		%	20.00		%			
PASSENGER INFORMATION		70	30.00		70		%	
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils		ELEMENTARY RIDERS (Grades PK-8)		S	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
			a			b NUMBER		C
	Regular (include eligible Preschool/Kindergarten		NUMBER			NOWBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance								
agreement) (Include ineligible Preschool/Kinderg	garten rid	ders)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1 This Application for Registration						accordance with Section		
area assigned to it by the Count Signature - Chair, County Transporta	ty Trans	sportatio					Date	
5								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even		,			•	one form for ea	ach bus route that	
Due Dates: All Routes				ounty Sup	To OPI October 15	Rate Per Mile \$1.15		
County Name			County Number	District	Name		Legal Entity Number	
Richland 42					ert Public Schools		0768 0769	
Route #	Length of R	loute (r	miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	5 -	Rated Capacity	
	99				toute Mileage		53	
Vehicle I.D. # 6029	D572				: Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C _igon-Thies		
Reimbursement Distribution- Ente	er the legal	entity r		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0768	Legal	Entity 076		atch budget Legal E		Legal Entity		
% 70.00	%	30.0	00	%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBER	HOMBER		u · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)	· · · · · · · · · · · · · · · · · · ·							
TOTAL RIDERS								
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bus operates on the route as app Signature - Chair, Board of Trustees	roved by ar	nd withi	n the transportation se	rvice area a	ssigned by the County Tran	sportation Cor Date	nmittee.	
This Application for Registration of area assigned to it by the County	of School Bo Transporta	us and tion Co	State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transportation Committee Date								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates: All Routes			-	ounty Sup			Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Richland			42	Lamb	ert Public Schoo	ols	0768 0769	
Route #	Length of I	Route	(miles per day)		f Service Bus F	Route Mileage	Rated Capacity	
4	158			Bus F	□ Non E Route Mileage	Bus Mileage	41	
Vehicle I.D. #	Licen	se#		•	t Owned	Contracto	r Owned	
0750	D56	8			ct - If so, Name of C cted rate per mile _	wner Ligon-Thi	essen Inc	
Reimbursement Distribution- Er	nter the legal	entity		of state/co		t to be paid to each	district. Note: Percentages	
Legal Entity	Lega	I Entity	У	Legal E		Legal E	ntity	
0768		U.	769					
% 70.00	%	30.	.00	%		%		
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	HIGH SCE	IOOL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	110		des 9-12)	ELIGIBLE RIDERS	
			a NUMBER		NII	b IMBER	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten		NOMBER		140	WDEN	u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimbu bus operates on the route as approved by and within the transportation se								
Signature - Chair, Board of Trustees					-	Date		
This Application for Registration	of School E	Bus and						
area assigned to it by the Coun Signature - Chair, County Transport			Committee.			Date		
g Chair, County Transport						23.0		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that
	-					Rate Per Mile
Due Date: All Routes			County Supt ctober 1	t To OPI October 15	;	\$0.95
County Name		County Number	District	Name		Legal Entity Number
Richland		42	Lambe	ert Public Schools		0768 0769
Route #	Length of Ro	ite (miles per day)		Service Bus Route M		Rated Capacity
4 A	155		Bus R	□ Non Bus Mile Soute Mileage	eage	41
Vehicle I.D. #	License	#	1 '	•	Contractor C	Owned
0750	D568			ct - If so, Name of Owner cted rate per mile	Ligon-Thies:	sen Inc —
Reimbursement Distribution- Er	nter the legal er		age of state/co match budget		paid to each dis	trict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Entity	y
0768		0769				
0/ 70.00	0/	20.00	%		%	
% 70.00 PASSENGER INFORMATION	%	30.00	70		70	
	ton nunile	ELEMENTARY RII		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8))	(Grades 9-12	2)	ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill onerate entirely	on the route established by	the Board of Tru	Istees and within the transports	ation area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify bus and bus route meets the minimum	that this bus transports pupil by the State Superintendent; im standards as established	ls eligible for sch ; to make such ro by the Board of	nool transportation as defined be eports to the State Superintend Public Education, the Montana	y 20-10-101, MC/ lent and County S Highway Patrol a	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit students fron	n other transport	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse					veen Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					e County Transpo	rtation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees	3				Date	
County 7	Transportation	Committee Approval as	s required in	accordance with Section	20-10-132 MC	Δ
This Application for Registration area assigned to it by the Coun	of School Bus	and State Reimbursemen				
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						one form for ea	ach bus route that	
Due Dates All Routes	s:	'	To C	ounty Supt			Rate Per Mile \$0.95	
County Name County			County Number	District	Name		Legal Entity Number	
Richland 42			42	Lamb	ert Public Schools		0768 0769	
Route #	Length o	of Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
2	70.6			Bus R	toute Mileage	Ü	36	
Vehicle I.D. #	Lic	ense #		□ District		Contractor C		
1603	D5	567			ct - If so, Name of Owner	Ligon- i nies	sen inc 	
Reimbursement Distribution- En	iter the leg	gal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity	Le	gal Entity	,	Legal E		Legal Entit	у	
0768		07	69					
% 70.00		% 30.0	00	%		%		
PASSENGER INFORMATION			ELEMENTA DV. DIDE	.DC	LIICH CCHOOL D	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	;	ELEMENTARY RIDE (Grades PK-8)	:K3	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten			NOMBLIC		NOMBER		a · b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	of Schoo	I Bus and	State Reimbursement		accordance with Section as eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta			ommittee.		-	Date	-	